

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): TELEPHONE NO. (Optional): FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):		FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT:		
DECLARATION OF CHILD CUSTODY EVALUATOR REGARDING QUALIFICATIONS		
		CASE NUMBER:

1. I, (name): , declare that if I appeared in court
and were sworn, I would testify to the truth of the facts in this declaration.
2. On (date): , I was appointed by the court to perform a child custody evaluation in
this matter.
3. I meet all of the requirements for a child custody evaluator set forth in Family Code sections 1816 and 3111 and rules 5.220, 5.225
and 5.230 of the California Rules of Court.
4. ☐ Other (specify):

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

		
(TYPE OR PRINT NAME)		(SIGNATURE OF DECLARANT)